



DEPARTMENT OF THE NAVY
COMMANDER NAVAL SURFACE FORCES
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COMNAVSURFORINST 6320.1B
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12 FEB 03

COMNAVSURFOR INSTRUCTION 6320.1B

Subj: HEALTH CARE PERFORMANCE ASSESSMENT AND IMPROVEMENT
(PA & I) PROGRAM INSTRUCTION

Ref: (a) DoD Directive 6025.13
(b) CINCLANTFLTINST 6320.4
(c) BUMEDINST 6010.13
(d) Title 10, United States Code, Section 1102
(e) BUMEDINST 6320.66C
(f) CINCLANTFLTINST 6320.2
(g) OPNAVINST 6400.1B
(h) BUMEDINST 6320.67A
(i) COMNAVSURFPACINST 6000.1H/COMNAVSURFLANTINST 6000.1J
(j) MANMEDP122

Encl: (1) HEALTH CARE PERFORMANCE ASSESSMENT AND IMPROVEMENT
(PA & I) PROGRAM

1. **Purpose.** To define a comprehensive health care performance assessment and quality improvement program applicable to all SURFOR units.

2. **Cancellation.** COMNAVSURFLANTINST 6320.1A/COMNAVSURFPACINST 6320.1A

3. **Background.** Reference (a) directs all DoD activities to establish clinical monitoring and improvement practices. References (b) and (c) direct Type Commanders (TYCOMs) to develop and implement a health care quality assurance/improvement program, along with providing guidelines, objectives and additional references.

4. **Confidentiality of Documents.** Reference (d) pertains. Documents and records created under this instruction are medical PA & I materials and are, therefore, exempt from the requirements

COMNAVSURFORINST 6320.1B

N01M

12 FEB 03

of the Freedom of Information Act. These records and information are confidential and are not to be discussed with any person or entity except as permitted by reference (d).

5. **Applicability**. This instruction applies to all health care personnel assigned to or embarked upon any unit for which COMNAVSURFOR provides administrative support and to all health care rendered within any organizational unit for which administrative support is provided.

6. **Discussion**. The health care PA & I program consists of six elements as applicable to care provided by physicians (general medical officers, flight surgeons, undersea medical officers and residency-trained specialists), non-physician licensed independent practitioners (e.g. nurse anesthetists, nurse practitioners, psychologists and physician assistants) as well as other clinicians who are not licensed independent practitioners (e.g. Independent Duty Hospital Corpsmen (IDCs) and others). Program elements include:

a. Credentialing and privileging - References (e) and (f) pertain.

b. Health care provider supervision and peer review.

c. Development and use of defined, objective measures and criteria such as performance indicators and clinical practice guidelines.

d. Occurrence screening.

e. Continuous assessment of the performance of health care processes and providers generating systematic, data based, resource sensitive improvement of same.

f. Incorporation of patient, provider, and other customer satisfaction data as a bridge between documented professional performance and perceived quality.

7. **Action**. All CNSF commands and personnel shall comply with the requirements set forth in this instruction.

a. The TYCOM Medical Officers will:

(1) Administer the overall PA & I program within the Surface Force, reviewing the program at least annually.

12 FEB 03

(2) Accomplish all duties required as privileging authority and ensure that all medical personnel have credentials, qualifications, training, and clinical privileges appropriate to assigned duties.

(3) Ensure a medical supervisor is assigned for all IDCs and other non-physician health care providers including those who do not have a medical officer in their immediate chain of command (ref (g)). Agreements for provision of qualified supervisors may be made with nearby Naval Medical Treatment Facilities when a CNSF medical officer is not reasonably available.

(4) Ensure regular reviews are accomplished on every CNSF health care provider and a Performance Appraisal Report (PAR), NAVMED 6320/29, is submitted for each medical officer and licensed independent practitioner (LIP) at least every 2 years and specifically upon transfer or separation of the officer in accordance with references (e) and (f). (A copy of the current PAR is provided as Appendix A for information purposes. PARs will be submitted on reproduced NAVMED 6320/29 forms only.) Adverse privileging actions will be in accordance with reference (h).

b. Senior Medical Department Officers serving as Medical ISIC shall:

(1) Ensure that high quality health care is provided to personnel under their cognizance.

(2) Ensure that regular reviews are accomplished as required on every health care provider under their cognizance. A minimum of 5 percent (or 7 charts/quarter if volume is low) of patient encounters will be subject to medical record review using Appendix B. Summary reports will be forwarded to the TYCOM Medical Officer via the Medical ISIC on a quarterly basis utilizing Appendix C not later than 15 days following the completion of each quarter.

(3) Monitoring requirements for IDCs are specifically addressed in reference (g). Medical record reviews will be completed on at least 10 percent (or 12 charts/quarter if volume is low) of all IDC patient encounters using Appendix B. A quarterly report by the IDC supervisor will be forwarded to the TYCOM Medical Officer via the Medical ISIC in the format of Appendix C not later than 15 days following the completion of each quarter.

(4) Submit PARs, to the Professional Affairs Coordinator (PAC), on all physicians and LIPs every two (2) years in accordance with reference (e). PARs identify areas of particular

COMNAVSURFORINST 6320.1B

N01M

12 FEB 03

excellence as well as areas of potential concern. In the case of concerns, the reports shall summarize actions being taken to address same. PARs will be submitted within 15 days following the reporting period and be assessed by the Privileging Authority.

(5) Utilize all sources available, including the Medical Readiness Inspections (MRIs) as tools to identify areas for performance improvement for medical departments.

(6) Conduct performance assessment and improvement meetings as needed, but at least quarterly. Attendees will include all medical department members under their cognizance who are physically or virtually available at the time of the meeting. Minutes will be prepared in the format of Appendix D and will be retained by the Medical ISIC for at least 2 years. A copy of each set of minutes will be forwarded to the TYCOM Medical Officer.

(7) Promptly report all significant medical occurrences, as defined within this instruction, to the TYCOM Medical Officer utilizing the form provided in Appendix E. Specified occurrences, defined within this instruction, shall also be reported to the Fleet Surgeon.

(8) Report twice annually, not later than 15 January and 15 July the status of the PA & I program to their respective TYCOM in the format of Appendix F to the TYCOM Medical Officer.

c. All CNSF health care providers will familiarize themselves with this instruction, comply with all governing instructions, and participate in performance assessment and improvement activities as required by reference (i) and enclosure (1). Requests to engage in civilian employment will be governed by reference (j) and reported to the TYCOM medical officer.

(Signed)
R. A. SPICER
Chief of Staff
COMNAVSURFPAC

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12 FEB 03

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COMNAVSURFORINST 6320.1B

N01M

12 FEB 03

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12 FEB 03

**PERFORMANCE ASSESSMENT AND IMPROVEMENT PROGRAM
TABLE OF CONTENTS**

TABLE OF CONTENTS**SECTION 1 - PERFORMANCE ASSESSMENT AND IMPROVEMENT PROGRAM
OVERVIEW**

100	General Principles	1-1
101	Definitions	1-2
102	Goals and Objectives	1-3
103	Health Care PA & I Program Organization	1-4
104	PA & I Program Management	1-4

SECTION 2 - CREDENTIALING AND PRIVILEGING

200	General	2-1
-----	---------	-----

SECTION 3 - PROVIDER SUPERVISION AND PEER REVIEW

300	General	3-1
301	Action	3-1 to 3-3

SECTION 4- PERFORMANCE INDICATORS

400	General	4-1
401	Types of Performance Indicators	4-1
402	Steps in the Development of an Indicator	4-1
403	When Indicators are Most Effectively Used	4-1
404	Definition and Use of Performance Indicators	4-2

SECTION 5 - OCCURRENCE SCREENS

500	General	5-1
501	Action	5-2
502	Documentation	5-3
503	Categorization of Occurrences	5-3
504	Reporting	5-3
505	Occurrence Screens Involving Care Rendered Outside CNSF	5-3

SECTION 6 - CLINICAL PRACTICE GUIDELINES

600	General	6-1
601	Action	6-1

COMNAVSURFORINST 6320.1

N01M

12 FEB 03

SECTION 7 - CONTINUOUS PERFORMANCE IMPROVEMENT

700	General	7-1
701	Action	7-1

APPENDICES

Appendix A - Performance Appraisal Report (PAR)

Appendix B - Health Record Clinical Care Review

Appendix C - Quarterly PA & I Report

Appendix D - Quality Improvement (QI) Meeting Minutes

Appendix E - Occurrence Report

Appendix F - Annual PA & I Program Report

12 FEB 03

SECTION 1

PERFORMANCE ASSESSMENT AND IMPROVEMENT PROGRAM OVERVIEW

100. General Principles

a. The purpose of the CNSF Health Care PA & I program is to optimize the quality of health care provided to the Surface Force through the systematic education and training of health care providers and the continuous improvement of health care processes. The program monitors clinical performance and special occurrences and provides for systematic peer review to assure that optimal medical care is given and to identify opportunities for further improvement of that care. It also assesses patient, provider and other customer satisfaction data to determine if health care services provided are perceived by patients, providers, Commanding Officers and other customers to meet their needs, to add value, and to be of high quality.

b. The medical performance assessment and improvement program established by this instruction lies within the chain of command but outside the scope of punitive authority. When medical assessment activities reveal conditions which warrant official review, the responsible Commanding Officer shall initiate a separate command investigation. Medical review documents within the scope of this instruction will not become a part of any formal or informal JAGMAN investigation. All medical department records and documentation are available to a finder of fact, but medical performance assessment and improvement documentation may not be used in lieu of collecting information independently. A medical officer tasked to provide a review of care under the medical performance assessment and improvement program shall not be concurrently tasked to perform a formal or informal command investigation. Adverse privileging actions are described in reference (h)

c. The medical performance assessment and improvement program is structured so that problems and opportunities for improvement are identified and appropriate actions are taken at the lowest possible level.

N01M

12 FEB 03

101. Definitions

a. **Clinical Practice Guidelines:** Description of a defined process of patient care, which is based upon scientific principles, represents best practice within the medical community, and is documented in the literature and/or approved by the Executive Committee of the Medical Staff (ECOMS) for use.

b. **Executive Committee of the Medical Staff (ECOMS):** The CLF ECOMS is comprised of the TYCOM Medical Officers (SURFLANT, AIRLANT, SUBLANT, MARFORLANT, MSCLANT and Second FLT Medical Officer) with the CLF Surgeon presiding. SURFPAC ECOMS is comprised of senior medical officers at the group level plus others as designated by the Force Medical Officer and appointed in writing. ECOMS is responsible for making performance assessment and improvement recommendations, credentialing and privileging recommendations, and other recommendations pertaining to medical issues under CSF cognizance.

c. **Health Care Provider (HCP):** A physician, other licensed independent practitioner (LIP), or independent duty corpsman (IDC).

d. **Medical Immediate Superior in Command (ISIC):** Senior Medical Department Officers (SMDO) assigned to groups or squadrons will act as Medical ISIC for units assigned. As such, SMDOs will act as agents for the Force Medical Officer in administering the P A & I program. SMDOs assigned to Regional Support Groups (RSG/RSO), Waterfront Support Units (WSU), and Fleet Support Activities (FSA) will serve as Medical ISIC for units with health care providers within their area of responsibility.

e. **Occurrence:** An event of special medical significance, which automatically triggers an informal review to determine if appropriate health care was provided.

f. **Peer Review:** The process by which providers of the same or similar discipline evaluate health care activities and documentation accomplished by review of a representative sample of health care records generated by the provider being reviewed to determine appropriateness of care and adequacy of documentation.

g. **Performance Assessment and Improvement (PA & I):**

12 FEB 03

Activities designed to evaluate objectively and systematically the performance of patient care services, pursue opportunities for improvement, and resolve identified problems.

h. **Performance Indicator:** Defined, quantitative measure of achievement against which actual performance of health care activities can be evaluated.

i. **Physician Supervisor:** All CNSF non-physician health care providers must have a physician supervisor assigned. The designated physician supervisor within an individual command is the senior physician within that command unless otherwise directed in writing. If no physician is assigned to a command having non-physician health care providers, then a physician assigned to either the ISIC, the Regional Support Group (RSG), Regional Support Organization (RSO), Waterfront Support Unit (WSU), or Fleet Support Activity (FSA) will be appointed in writing to provide appropriate supervision. If a local MTF must be used to provide immediate supervision, then a Memorandum of Understanding (MOU) will be initiated by the Force Medical Officer by direction of the Type Commander.

j. **Privileging:** The process of granting authorization to provide specific patient care and treatment service in the operational forces, within defined limits, based on an individual's license, education, training, experience, competence, performance, health status and judgment.

102. Goals and Objectives

a. The goals of the CNSF health care PA & I program are to:

(1) Systematically monitor clinical care provided throughout the Surface Force and identify opportunities and methods for improvement of that care.

(2) Integrate, track, and trend medical performance information to identify significant patterns or processes for further review or intervention.

(3) Identify, assess, and decrease risks to patients and staff.

(4) Communicate important medical performance

12 FEB 03

information to improve clinical and management decision-making.

(5) Support credentials review and privileging activities.

(6) Identify education and training requirements and promote education and training to meet those requirements.

b. To meet these goals, the performance assessment and improvement program shall:

(1) Foster systematic peer review using performance indicators and clinical practice guidelines as standards of care when appropriate.

(2) Conduct retrospective health record analysis as an ancillary method of monitoring health care performance.

(3) Standardize the medical performance assessment and improvement communication system within the chain of command.

103. Health Care PA & I Program Organization

a. The Commander, Naval Surface Force will exercise overall control of the CNSF medical performance assessment and improvement program and has accountability for that program.

b. The medical performance assessment and improvement program is managed by the TYCOM Medical Officers, with reporting senior medical personnel serving as subordinate managers for their respective commands. The Commander, Amphibious Task Force (CATF) Surgeon will serve as the subordinate manager for an embarked Amphibious Ready Group (ARG).

c. The ECOMS functions as the oversight committee for the medical performance assessment and improvement program.

104. PA & I Program Management

a. The TYCOM Medical Officer will act as program manager, responsible for privileging and other issues at the ECOMS level.

b. Subordinate command senior medical officer department representatives shall develop medical performance assessment and improvement programs, with review of activities and training, in accordance with these guidelines.

12 FEB 03

SECTION 2
CREDENTIALING AND PRIVILEGING

200. **General**. Requirements are detailed in references (e) and (f). All health care professionals must be specifically authorized to practice and be periodically appraised. Application to exercise clinical privileges will be made via the Professional Affairs Coordinator (PAC), to the Executive Committee of the Medical Staff (ECOMS).

a. All physicians will maintain a valid, unrestricted, active state license.

b. The TYCOM Medical Officers will serve as the privileging authority for the Force. The granting of clinical privileges will be based on the training, experience, demonstrated clinical competence and health status of the applicant.

c. All medical officers assigned to SURFOR will be strongly encouraged to apply for and demonstrate competency in Operational Medicine core privileges regardless of specialty.

d. Clinical competence will be judged by performance of duty and will be assessed by Peer Review (see Section 3). Peer review data will be held by the medical ISIC until incorporated into the Performance Appraisal Report (PAR), which is compiled every two years and is a major factor in determining eligibility for renewal of clinical privileges. A report of QI activities, including peer review, will be forwarded to the TYCOM twice yearly by each of the ISICs.

e. Health care providers will submit requests for privileges to work in other military treatment facilities (MTF) via the PAC.

f. Requests to engage in civilian employment (i.e., "moonlighting") require Commanding Officer approval in accordance with reference (j). Civilian employment will be reported to the TYCOM Medical Officer and filed in the Individual Credential File (ICF).

SECTION 3
PROVIDER SUPERVISION AND PEER REVIEW

300. General. Provider supervision and peer review is the process by which practitioners of the same or similar discipline as that of the supported provider supervise education and clinical practice demonstrated by that provider. Peer review frequently involves analysis of a representative sample of health records generated by the supported provider for timeliness and clinical pertinence to determine appropriateness of care and adequacy of documentation (clarity, completeness, and accuracy). Performance indicators, occurrence screens, and clinical practice guidelines may also be applied to peer review.

301. Action

a. Non-Physician Health Care Providers. Physicians assigned to supervise non-physician health care providers will coordinate performance review visits on a monthly basis, when feasible, to each non-physician health care provider under their cognizance. Reviews will be recorded using Appendix B. Physician supervisors shall:

(1) Incorporate into such visits written criteria such as performance indicators and clinical practice guidelines; occurrence screens; review of medication prescription patterns; and discussion of specific patient encounters.

(2) Provide and oversee continuing medical education and training for the non-physician provider, especially to address areas shown by review of care provided to suggest improvement, and to ensure that formal continuing education, training, and professional development requirements are met.

(3) Ensure that all medical record entries by non-providers (for example, general duty Hospital Corpsmen) are reviewed and countersigned by a health care provider.

(4) Ensure that non-physician health care providers limit their scope of practice to conditions within their training, capabilities, and granted privileges and the ability of their platform to support them.

(5) At their discretion, personally recall patients and diagnose and treat them as required in cases where the

12 FEB 03

appropriateness of care rendered by a non-physician provider is in doubt.

(6) Note pertinent medical intelligence gathered during deployment.

(7) Report findings on a quarterly basis to the ISIC medical officer, who will summarize the report and forward it to the TYCOM using Appendix C.

b. General Medical Officers. Supervisory medical officers will coordinate, as feasible, monthly chart reviews for each assigned general medical officer by a peer physician using Appendix B. These monthly reviews will be sent to the medical ISIC, summarized, and forwarded quarterly to the TYCOM Medical Officer using Appendix C. Additionally, the ISIC shall periodically ensure the following to provide data for inclusion in the PAR for each physician and non-physician licensed independent practitioner (LIP) every two years:

(1) Conduct regular reviews of care provided by the supported general medical officer, incorporating criteria such as performance indicators and clinical practice guidelines: occurrence screens; review of written health records; review of medication prescription patterns; and discussion of specific patient encounters.

(2) Provide and oversee continuing medical education and training for the supported general medical officer, especially to address areas shown by review of care provided to suggest improvement.

(3) Ensure that all medical record entries by non-provider personnel (for example general duty Hospital Corpsman) are reviewed and counter-signed by a health care provider.

(4) Ensure that the supported general medical officer's scope of practice is limited to conditions within that officer's training, capabilities, granted privileges and the capabilities of the supporting platform.

(5) With the concurrence of the supported general medical officer, recall patients and diagnose and treat them as required in cases where the appropriateness of care previously rendered is in doubt.

12 FEB 03

(6) Note pertinent medical intelligence gathered during deployment.

c. Medical Specialists. The CATF Surgeon, Officer in Charge, or Senior Medical Officer, as appropriate, will coordinate monthly physician evaluations of each assigned physician specialist. Visits by peers of physician specialists are encouraged. Conditions of peer review and required reports for general medical officers shall be as specified above in paragraph 301.b.(1)-(6). Summary reports for all medical officers shall be forwarded to the medical ISIC and Force Medical Officer quarterly.

d. Other required reviews. Other required reviews are accomplished as follows:

(1) The CATF Surgeon, Officer in Charge, or Senior Medical Officer, as appropriate, shall ensure when blood products (including whole blood, red cells, platelets, fresh frozen plasma, albumin, autologous red cells, and cryoprecipitate) are administered, appropriateness of administration is routinely reviewed. Summaries of such reviews will be included, if routine, in post-deployment reports. Issues regarding blood product use/administration will be forwarded expeditiously to the Force Medical Officer via the Medical ISIC utilizing occurrence screen reporting.

(2) The CATF Surgeon, Officer in Charge, or Senior Medical Officer, as appropriate, shall ensure that, when invasive procedures are performed, including non-specimen therapeutic and invasive diagnostic procedures, clinical indications for those procedures are routinely reviewed. Issues will be reported as per paragraph 601.d. (1).

(3) Peer review activities conducted by medical personnel will include review of the usage and prescribing patterns for medications. All CNSF medical personnel will actively feed information so obtained into the ongoing TYCOM Authorized Minimal Medical Allowance List (AMMAL) review process to facilitate maintenance of a current and capable TYCOM formulary.

SECTION 4

PERFORMANCE INDICATORS

400. General. Performance indicators can be designed to measure any dimension of performance: direct clinical care, internal support system, or organizational management. They can be measures of process or outcome, and they can address questions about appropriateness, patient satisfaction, accessibility, continuity of care, efficiency, efficacy, safety of the care environment; or any other dimension of performance.

401. Type of Performance Indicators

a. Rate-Based Indicator: Measures an event for which a certain frequency of occurrence is expected. Further assessment is required when the rate at which the event occurs crosses a threshold or data trending suggests opportunities for improvement. The numerator of the rate-based indicator is the number of events of interest; the denominator is the number of patients for which the event of interest could have occurred. An example of a rate-based indicator is:

- (1) Number of patients with venipuncture complications
- (2) Total number of patients undergoing venipuncture

b. Sentinel Event Indicator (Occurrence Screen): Measures a serious event that requires individual review for every occurrence of the event. An example of a sentinel event is "death following elective surgery".

402. Steps in the Development of an Indicator

- a. Develop the statement of the patient care issue to be measured.
- b. Translate the statement into precise data elements.
- c. Develop a collection instrument.
- d. Collect the data elements on individual patients.
- e. Aggregate the data elements to assess performance.

403. When Indicators are Most Effectively Used. Indicators are most effectively used on events that:

COMNAVSURFORINST 6320.1

N01M

12 FEB 03

- a. Happen commonly, or
- b. Happen uncommonly but have important consequences.

404. Definitions and Use of Performance Indicators. Group medical officers are encouraged to create local performance indicators matched to needs of platform types and operational environment.

12 FEB 03

SECTION 5
OCCURRENCE SCREENS

500. General. The CNSF occurrence-screening program specifies individual patient care events which require reporting and peer review. The events listed below are reportable to the CNSP/CNSL Force Medical Officers (TYCOM Medical Officers). (NOTE: ** signifies that a copy of the report must also be sent to COMPACFLT, Code N02M, via the CNSP/CNSL Force Medical Officer.)

- a. Unexpected death (including suicides).**
- b. Any complications of treatment that results in:
 - (1) A corrective operative procedure.**
 - (2) Brain damage.**
 - (3) Motor weakness.**
 - (4) Sensory nerve injury.**
 - (5) Total or partial loss of limb.**
 - (6) Loss of use of limb.**
 - (7) Sensory organ loss or impairment.**
 - (8) Reproductive organ loss or impairment.**
- c. Inadvertent blood transfusion with HIV or hepatitis virus contaminated blood.**
- d. Procedure performed on wrong patient or body part (includes extraction of wrong tooth).**
- e. Unexpected ship's ward admission within 24 hours for same complaint seen in sickcall.
- f. Significant complication of a procedure including infection, hemorrhage, seizure, anaphylaxis, etc.
- g. Discrepancy between preoperative diagnosis and postoperative pathological diagnosis.
- h. Nosocomial or otherwise unanticipated infection.

COMNAVSURFORINST 6320.1

N01M

12 FEB 03

i. Significant risk to safety or actual accident involving a patient under medical care, including equipment malfunction resulting in actual or potential harm to the patient or others.

j. Medication error, whether or not patient is harmed.

k. Significant adverse drug reaction.

l. Transfusion reaction.

m. Providers practicing outside scope of defined credentials and clinical privileges except in a life or limb-threatening emergency.

n. Adverse outcome due to inappropriate diagnosis.

o. Significant deviation from standard of care.

501. Action. All occurrences listed above shall be promptly reported, by the unit involved, to the ISIC using the Occurrence Report form, Appendix E. Initial review will be provided by the ISIC medical authority, which will forward conclusions and recommendations to the ISIC. The initial report will include only objective information and recommendations concerning the event and should allow for the provider's comments. If the initial opinion is that diagnosis or treatment provided "met the standard of care" no further review is required; however, a quality of care review may be immediately ordered at the discretion of the ISIC. A quality of care review must be ordered if the determination is made that diagnosis or treatment provided "did not meet the standard of care". If the ISIC believes that a formal quality of care review is not required in the case of diagnosis or treatment outside the standard of care, the circumstances of the occurrence must be discussed with the Force Surgeon, who may waive the review. Recommended format for a quality of care review is the same as for a JAGMAN one-officer investigation without hearing, except that the ultimate addressee is the TYCOM Medical Officer. All occurrence reports and their supporting documentation will be expeditiously forwarded by the ISIC to the TYCOM Medical Officer. The TYCOM Medical Officer will make a determination on the disposition of cases including which cases may require review and potential privileging action by ECOMS. The process for adverse privileging actions is described in ref (h).

12 FEB 03

502. Documentation. The administrative ISIC Medical Officer will maintain a file of all occurrence screens on units under cognizance of that ISIC to facilitate monitoring of trends in quality of care. Occurrences requiring action by ECOMS may be included in the Medical Officer's PAR, the IDC report of performance assessment, and comparable reports pertaining to other non-physician health care providers. Occurrences screened by ECOMS will also be documented in ECOMS minutes, with supporting documentation kept on file by the CLF or CNSP Professional Affairs Coordinator.

503. Categorization of Occurrences. The environment, specifically the operational circumstances, shall be specifically considered in categorizing an occurrence. Occurrence screens shall be categorized as follows:

a. "Met the standard of care" signifies that diagnosis and treatment were appropriate to the operational environment and circumstances and/or consistent with currently accepted medical teaching and practice as documented in guidelines established or supported by professional peer organizations and/or in the medical literature.

b. "Did not meet the standard of care" signifies that the conditions in paragraph 4.a. were not met.

504. Reporting. All occurrences will be reported using Appendix E.

505. Occurrence Screens Involving Care Rendered Outside CNSF. An occurrence involving care from other medical organizations shall be forwarded, regardless of category assigned, to the Force Medical Officer. Handling of outside occurrence should be performed expediently to allow other medical treatment facilities to receive them in a timely manner. Only the Force Surgeon will bring such occurrence screens to the attention of other commands.

SECTION 6
CLINICAL PRACTICE GUIDELINES

600. General. Clinical practice guidelines are descriptions of approaches to the care of specified medical conditions which represent best medical practice as documented in the medical literature and/or approved by the reputable professional peer organizations. They generally entail scientific methodologies that have been shown to be associated with optimal outcomes. Systematic use of clinical practice guidelines has been shown to improve performance and quality.

601. Action. The Group Medical Officers shall periodically survey their units to determine most commonly diagnosed medical conditions. This information shall guide in formulation and approval of clinical practice guidelines - adopting industry standard guidelines such as those in the American Medical Association (AMA) Practice Performance Parameters or generating TYCOM specific guidelines as appropriate - to serve as standards of care in medical diagnosis and therapy and to support peer review activities. Approved clinical practice guidelines shall not, however, necessarily be restricted to most commonly diagnosed conditions.

SECTION 7
CONTINUOUS PERFORMANCE IMPROVEMENT

700. General. Continuous performance improvement is the process of continuously monitoring and evaluating clinical processes to assess performance and to identify and act upon opportunities to improve the effectiveness of medical care. Actions taken should be based upon objective data and chosen to take best advantage of available resources. Strong consideration should always be given to patient and other customer satisfaction data, as it is in the *perception* of performance that quality is made manifest.

701. Action. Whenever the performance assessment and improvement program identifies a worthwhile opportunity for improvement of medical processes within available or achievable researching, actions may be recommended and implemented at the level of review or referred to higher authority as appropriate. Possible actions include:

a. Education and training. This is the preferred mode used to address deficiencies in care given by providers. Sanctions are only used in extreme circumstances where a provider, despite adequate research and training and a clear understanding of requirements, is unable or unwilling to meet the expected community standard of care.

b. Liaison meetings with fixed MTFs or other military units to discuss expectations, needs, and resolutions to identified problems.

c. Facilitated process action teams to target major problem areas and expedite resolutions.

d. Fleet wide solicitation of health care consumer and provider input into proposed medical performance improvement efforts.

e. Identification and correction or elimination of ineffective or inefficient process.

12 FEB 03

Appendix A

PERFORMANCE APPRAISAL REPORT (PAR)

Section I. Administrative Data

Reporting Activity:

Period of report:

Practitioner Name/Grade/SSN/Designator:

Specialty:

Department:

Position:

Purpose of report:

____ Granting Staff Appointment

____ Renewal of Staff Appointment

____ TAD

____ AT/ADSW/ADT

____ Transfer/ Separation/ Termination
(Specify In section X)

____ Other

ICF has been reviewed: ____ Yes ____ No ____ Unavailable
for review

Contents are current as required by BUMEDINST 6320.66C:

____ Yes ____ No

Section II. Privileges Being Evaluated (See privilege sheets
dated ____)

	Specialty	Core	Supplemental	Itemized
1.				
2.				
3.				

Privilege information based on ____ privilege sheets or ____
appendix CTB (check one)

CLINICAL PERFORMANCE PROFILE

Section III. Practice Volume Data

a. # of admission or outpatient encounters ____/____

b. # of days unavailable due to TAD deployment, etc. ____

c. # of major or selected procedures ...____

d. Percent of time in direct patient care

Section IV. MEDICAL STAFF PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT

MEASURES	(Comments)
1. Attitudes towards women's rights	
2. Gender inequality index	
3. Women's political participation	
4. Economic empowerment	
5. Social capital	
6. Community development	
7. Healthcare access	
8. Educational attainment	
9. Employment opportunities	
10. Legal literacy	
11. Leadership training	
12. Microfinance initiatives	
13. Mentorship programs	
14. Public awareness campaigns	
15. Policy advocacy efforts	
16. Networking platforms	
17. Capacity building workshops	
18. Resource allocation strategies	
19. Monitoring and evaluation mechanisms	
20. Stakeholder engagement processes	

- a. Surgical/Invasive/Non-Invasive Procedures _____
- b. Used of Blood/Blood Components _____
- c. Use of Medications _____
- d. Medical Record Pertinence Review _____
- e. Medical Record Peer Review: _____ # Records Reviewed
_____ # Records Deficient

Comments

Discrepancies due to administration errors _____

Section V. DENTAL STAFF PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT

MEASURES	(Comments)
1. The number of people who have been vaccinated against COVID-19.	
2. The number of people who have been tested for COVID-19.	
3. The number of people who have died from COVID-19.	
4. The number of people who have recovered from COVID-19.	
5. The number of people who are currently hospitalized with COVID-19.	
6. The number of people who are currently in intensive care with COVID-19.	
7. The number of people who are currently under quarantine.	
8. The number of people who are currently working from home.	
9. The number of people who are currently attending school.	
10. The number of people who are currently traveling.	

- a. Dental Record Pertinence Review_____
- b. Dental Record Peer Review:____# Records Reviewed
Records Deficient

- c. Use of Medications

Section VI. Facility Wide Monitors

Facility Wide Monitors	Sat	Unsat	Not	Obs
a. Utilization review				
b. Infection control				
c. Incident Reports/Management Variance Reports				
d. Patient Contact/satisfaction program				
e. Risk Management Activities				

NOTE: For any item marked "Unsatisfactory" in section VI and VIII, provide full details in section XII or on a separate sheet of paper and attach to this form. Identify items by

12 FEB 03

section and letter.

Section VII. Professional Development

- a. # of continuing education credit hours awarded _____
- b. # of papers published and professional presentations _____
- c. Other recognitions of positive professional achievement
(attach explanation/comments)

Section VIII. Evaluation Elements

EVALUATION ELEMENTS	Sat	Unsat	Not Obs
a. Basic professional knowledge			
b. Technical skill/competence			
c. Professional judgement			
d. Ethical conduct			
e. Participation in staff, department, committee meetings			
f. Ability to work with peers and support staff			
g. Ability to supervise and support staff			

NOTE: For any item marked "Unsatisfactory" in sections IV and VIII, provide full details in section XII or on a separate sheet of paper and attach to this form. Identify items by section and letter

Section IX.

If the answer to any of the following questions is "Yes" provide full details in section XIII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

To your knowledge has the practitioner (at this activity):

		Yes	No
a.	Had privileges or staff appointment adversely denied, suspended, limited, or revoked?		
b.	Been the primary subject of a malpractice claim, action, JAGMAN investigation, or informal command investigation or inquiry?		
c.	Had substandard care substantiated through one of the actions in b?		
d.	Required counseling, additional training, or special supervision?		
e.	Failed to obtain appropriate consultation?		

12 FEB 03

f.	Been the subject of a disciplinary action for misconduct?		
g.	Required modification of practice due to health status?		
h.	Been diagnosed as being alcohol dependent or having an organic mental disorder or psychotic disorder?		

Section X. Address overall clinical competency of this provider
(attach additional sheets and identify section as needed)

Section XI. Address overall clinical competency of each
supplemental privilege granted (attach additional sheets and
identify section as needed)

Section XII

	Signature / Date	Comments
Dept. Head/SMO/SDO		
Practitioner		
Directorate		
Chair, Credentials Committee		
Committee Chair, ECOMS/ECODS		

Section XIII. If the answer to any of the Questions in section IX
is "yes" provide full details below or on a separate sheet of
paper and attach to this form. Identify by section and
letter, _____

COMNAVSURFORINST 6320.1B

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12 FEB 03

Appendix B

HEALTH RECORD CLINICAL CARE REVIEW

Date: _____

Health Care Provider: _____

Command: _____

Last 4 of Pt's SSN	HR Entry Date	History	Physical Exam	Labs & X-Rays	Diagnosis	Plan	Follow- Up	Comments

Reviewing Medical Officer: _____

Appendix B to Enclosure (1)

COMNAVSURFORINST 6320.1

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12 FEB 03

12 FEB 03

Appendix C
QUARTERLY PA & I REPORT

6000

Ser

Date:

From: [Medical ISIC]

To: Commander, Naval Surface Force, U. S. [Atlantic (N02M) OR
Pacific (N01M)] FleetSubj: **QUARTERLY HEALTH CARE PERFORMANCE ASSESSMENT AND
IMPROVEMENT (PA & I) PROGRAM REPORT**

Ref: (a) COMNAVSURFORINST 6320.1B

1. In accordance with reference (a), the following providers
were evaluated under the PA & I program for the months of
_____ through _____:

Provider	Unit	Date of Evaluation	Results (SAT/UNSAT)

2. Comments:

Senior Medical Officer

Appendix C to Enclosure (1)

COMNAVSURFORINST 6320.1

N01M

12 FEB 03

Appendix D
Quality Improvement (QI) Meeting Minutes

Date: _____

Chair: _____

Attendees:

1. Practice Indicators:

Measure:

2. Physician/Corpsman Record Review:

Results/Comments:

3. IDC Skill / Knowledge Assessment:
Results/Comments:

4. Resource Utilization & Medical Readiness:
Results/Comments

5. Special Occurrences:
Results/Comments:

6. Follow-up of On-going Unresolved Problems:
Discussion/Comments:

Problem:

COMNAVSURFORINST 6320.1

N01M

12 FEB 03

Problem:

Problem:

Problem:

Problem:

7. Date & Time of Next QI Meeting: _____

Recorder

Senior Medical Officer

Copy to:

TYCOM Medical Officer

File

Retention Periodicity:

Command file for 2 years

Appendix E
OCCURRENCE REPORT

OCCURRENCE							
YEAR		MONTH		DAY		HOUR	
COMMAND/UNIT				LOCATION			
-PATIENT-							
NAME				AGE		SSN	
HEALTH RECORD PREFIX	20	25	30	01	02	90	NONE
DESCRIPTION OF EVENT (INCLUDE NAMES/RANKS/GRADES OF INVOLVED PROVIDER(S))							
SIGNATURE OF PERSON PREPARING REPORT						GRADE/RATE/TITLE	
TELEPHONE NUMBER				DATE		TIME	
PROVIDER'S COMMENTS							
PROVIDER'S SIGNATURE						DATE/TIME	

COMNAVSURFORINST 6320.1

N01M

12 FEB 03

MEDICAL REVIEW BY ISIC (CONCLUSION/RECOMMENDATION/ACTION/FOLLOW-UP)	
STANDARD OF CARE	
	DIAGNOSIS / TREATMENT MET THE STANDARD OF CARE.
	DIAGNOSIS / TREATMENT DID NOT MEET THE STANDARD OF CARE.
	NOT APPLICABLE; EXPLAIN
ISIC COMMENTS (as applicable)	
SIGNATURE	DATE
ONCE COMPLETED, FORWARD REPORT TO SURFLANT/PAC EXECUTIVE COMMITTEE OF THE MEDICAL STAFF (ECOMS), ATTN: PAPI	
ECOMS RECOMMENDATION (as applicable)	
SIGNATURE (CHAIRMAN, ECOMS)	DATE
FORCE SURGEON COMMENTS & DISPOSTION (as applicable)	
SIGNATURE	DATE
FORWARDED TO (DEPARTMENT / COMMAND) check if N/A - []	
CLOSED (SIGNATURE)	DATE

12 FEB 03

Appendix F
Annual PA & I Program Report

6320

Ser

Date:

From: [Medical ISIC]

To: Commander, Naval Surface Force, U.S. [Atlantic (N02M) OR
Pacific (N01M)] Fleet

Subj: **ANNUAL HEALTH CARE PERFORMANCE ASSESSMENT AND
IMPROVEMENT (PA & I) PROGRAM REPORT**

Ref: (a) COMNAVSURFORINST 6320.1B

Encl: (1) [As needed.]

1. In accordance with reference (a), the Medical Officers and Senior Medical Department Representatives from _____ have met on at least a quarterly basis during calendar year _____. Minutes were taken and are maintained locally for two years.

2. The following Medical Officers have participated in local peer review:

[Rank, Name, Position, Command]

3. The following Senior Medical Department Representatives have been in attendance to address Independent Duty Corpsman (IDC) issues:

[Rank, Name, Position, Command]

4. The following significant comments regarding Corpsman Supervision, Practice Indicators, Physician Peer Review, Skills/Knowledge Assessment, Resource Utilization and Medical Readiness and Special Occurrences are provided:

[Noted deficiencies, identified problems and corrective action taken.]

5. Future Plan of Action:

[If significant discrepancies or occurrences have been reported.]

COMNAVSURFORINST 6320.1

N01M

12 FEB 03

Senior Medical Department Officer

Copy:

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